PTO/SB/30 (10-01)

## **EQUEST**

## **CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: Commissioner for Patents **Box RCE** Washington, DC 20231

Silection of information unless it displays a valid of the control number.		_
Application Number	09/875,588	
Filing Date	06/06/01	
First Named Inventor	Rickey D. Hart et al.	
Art Unit	3731	
Examiner Name	Julian W. Woo	
Attorney Docket Number	INNO-15 CON 3	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2. Submission required under 37 CFR 1.114 a. Previously submitted Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on \_\_ (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_ iii. 🗌 Other b. Enclosed ✓ Amendment/Reply iii. Information Disclosure Statement (IDS) Other ii. Affidavit(s)/Declaration(s) 2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) b. Other The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. Fees a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to ECEIVE Deposit Account No. 16-0221 RCE fee required under 37 CFR 1.17(e) TECHNULOGY CENTER R8700 Extension of time fee (37 CFR 1.136 and 1.17) iii. 🖊 Other any deficiencies b. Check in the amount of \$ 770.00 c. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED 43,114 Registration No. (Attorney/Agent) Name (Print IType) James A. Sheridan

unes a. Theriston Date 08/16/2004 CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as frst class mail in an envelope addressed to: BOX RCE. Commissioner for Patents. PO Box 1450. Alexandria, VA 22313-1450 on the date shown below.

James A. Sheridan Name (Print/Type) Signature

Meridan 08/16/2004 Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND Fees and Completed Forms to the following address: BOX RCE, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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